Missouri Department of Health & Senior Services

Health Update:

Reporting COVID-19 Cases and SARS-CoV-2 Test Results

April 6, 2022

This document will be updated as new information becomes available. The current version can always be viewed at http://www.health.mo.gov.

The Missouri Department of Health & Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Office of the Director
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Jefferson City, MO 65102
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Website: http://www.health.mo.gov

Health Update
April 6, 2022

FROM: PAULA F. NICKELSON, ACTING DHSS DIRECTOR, MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SUBJECT: Update: Reporting COVID-19 Cases and SARS-CoV-2 Test Results

The Missouri Department of Health and Senior Services (DHSS) is issuing this Health Update to provide reporting laboratories and healthcare providers information regarding the changes in the reporting requirements for COVID-19 and SARS-CoV-2 test results in Missouri.

During the early stages of the pandemic response there were several changes to the reporting rules that were established through waivers during the State of Emergency issued by Governor Parson. The changes included the requirement that both negative and positive test results for COVID-19 were to be reported to DHSS within twenty-four hours. Additionally, reporters were required to only report directly to DHSS rather than having the option to report to either the Local Public Health Agency (LPHA) or DHSS. After the State of Emergency was lifted by Governor Parson, DHSS filed an emergency amendment to allow these requirements to continue. However, on April 1, 2022, DHSS terminated this emergency amendment and as a result, these requirements no longer exist. Please consider the following guidance regarding the reporting of COVID-19 and laboratory tests results for SARS-CoV-2.

Coronavirus Disease 2019 (COVID-19) remains an immediately reportable condition in Missouri. All positive laboratory results are required to continue to be reported to DHSS or the LPHA in accordance with rules established in 19 CSR 20.20.020. Healthcare providers, laboratories, and other mandated reporters should continue to report all COVID-19 positive test results including results from all Nucleic Acid Amplification Tests such as RT-PCR tests, and all rapid and antigen tests results for SARS-CoV-2. The reporting of positive home use tests is optional. However, DHSS will no longer require, or accept, negative laboratory results for SARS-CoV-2. In addition, DHSS is no longer requesting the routine reporting of positive or negative antibody tests results for SARS-CoV-2.

DHSS greatly appreciates the continued collaboration of our partners in healthcare and clinical laboratories. For questions regarding this Health Update and the reporting of COVID-19 in Missouri, please contact the DHSS Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7), or contact your local public health agency.

Missouri Department of Health & Senior Services

Health Update:

Update 1: Sustained Increase in Syphilis Cases in Missouri

June 15, 2022

This document will be updated as new information becomes available. The current version can always be viewed at http://www.health.mo.gov.

The Missouri Department of Health & Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons:

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Health Update
June 15, 2022

FROM: **PAULA F. NICKELSON**
ACTING DHSS DIRECTOR

SUBJECT: **Update 1: Sustained Increase in Syphilis Cases in Missouri**

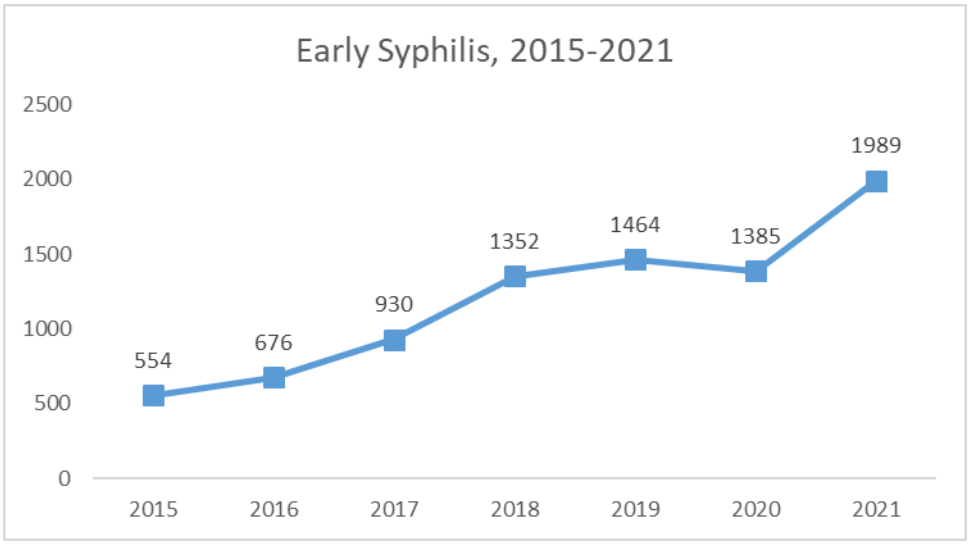
On February 19, 2019, the Missouri Department of Health and Senior Services (DHSS) released a Health Advisory entitled "Sustained Increase in Syphilis Cases in Missouri." The purpose of that DHSS Health Advisory was to alert health care providers of the significant increase in rates of syphilis among multiple populations including gay, bisexual, and other men who have sex with men; people who use drugs; and heterosexual men and women. A significant increase has also been observed in the number of reported congenital syphilis cases. This notification is available at: https://health.mo.gov/emergencies/ert/alertsadvisories/pdf/advisory21919.pdf.

The Missouri Department of Health and Senior Services (DHSS) continues to observe a sustained increase in the number of syphilis cases reported in the state. The number of early syphilis cases reported in Missouri increased by 259% from 2015 to 2021. The purpose of this DHSS Health Advisory is to alert health care providers of the significant increase in rates of syphilis among multiple populations including gay, bisexual, and other men who have sex with men; people who use drugs;and heterosexual men and women. A significant increase has also been observed in the number of reported congenital syphilis cases.

Background

Syphilis is a sexually transmitted disease (STD) that can have very serious complications for adults and newborn babies of infected mothers if left untreated. Initial symptoms of syphilis include a sore and/or rash that goes away after a few weeks without treatment, though serious health issues may emerge later without appropriate treatment. Syphilis can be treated and cured with antibiotics yet many cases go undiagnosed and untreated, leading to increased transmission and future negative health consequences. Congenital syphilis occurs when a mother with untreated syphilis passes the infection on to her baby during pregnancy – causing miscarriages, premature births, stillbirths, or death of newborn babies. Babies born with congenital syphilis can experience serious health complications that may present at delivery or later in life.

The graph below shows the trend in Missouri syphilis cases over the last seven years, with 2020 likely underestimating the disease burden due to decreased testing that occurred during the COVID-19 pandemic.



Source: Missouri Department of Health and Senior Services, Office of Epidemiology, Missouri Health Surveillance Information System (WebSurv). Based on data as of May 24, 2022.

Missouri's increase in syphilis cases was initially observed among gay, bisexual, and other men who have sex with men, though other groups, including heterosexual women, have also experienced an increase in cases recently. While the initial increase in cases occurred primarily in the Kansas City and St. Louis metropolitan areas, other areas including smaller metropolitan areas and rural counties throughout Missouri are also experiencing a steep increase in cases, particularly among heterosexual women and people who use drugs and their partners. Missouri has also experienced an increase in ocular syphilis, which can cause blurry vision and/or blindness. Syphilis can cause ocular and neurological issues at any stage of infection.

The increasing rates of STDs in Missouri, including syphilis and congenital syphilis, mirror nationwide trends seen in recent years. Ongoing public health efforts to reverse current trends will require a renewed commitment from, and continued partnership with, healthcare providers.

Recommendations

- Providers should assess the sexual health of all patients and discuss STD risks for the patient and partners of the patient.
- Providers should routinely test for syphilis in individuals who have signs or symptoms suggestive of infection. Individuals exposed to syphilis within the past 90 days should receive testing and preventive treatment, even if testing is initially negative.
- Sexually active gay, bisexual, and other men who have sex with men should be tested for syphilis annually or more frequently depending on risk.
- All pregnant women in Missouri should be tested at the first prenatal visit, in the third trimester (28 weeks), and at delivery regardless of perceived risk. Bicillin LA is the only CDC-recommended treatment for pregnant women, including those who are allergic to penicillin. Pregnant women who are allergic to penicillin should be desensitized and treated with Bicillin LA.

- Any woman who has a fetal death after 20 weeks gestation should be tested for syphilis.
- Individuals who are living with HIV who are sexually active should be tested for syphilis annually.
- Patients with diminished visual acuity, blindness, uveitis, panuveitis, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis should be tested for syphilis and referred to an ophthalmology specialist. If ocular syphilis is suspected, the patient should be treated according to the Centers for Disease Control and Prevention's (CDC's) 2021 treatment recommendations (see below under Additional Resources) for neurosyphilis and, if they have other neurological symptoms, should undergo a lumbar puncture with cerebrospinal fluid (CSF) examination.

Questions should be directed to the Missouri Department of Health and Senior Services' Bureau of HIV, STD, and Hepatitis at 573-751-6439, or via email at STD@health.mo.gov .

Additional Resources

1. Complete CDC testing and treatment recommendations: https://www.cdc.gov/std/treatment-guidelines/default.htm
2. CDC Syphilis Pocket Guide: https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf
3. DHSS Syphilis Overview: https://health.mo.gov/living/healthcondiseases/communicable/stds/syphilis.php
4. National Network of Prevention Training Centers, Clinical Consult Line: https://www.stdccn.org

DHSS HEALTH UPDATE

Date: September 4, 2022

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Phone: 800-392-0272
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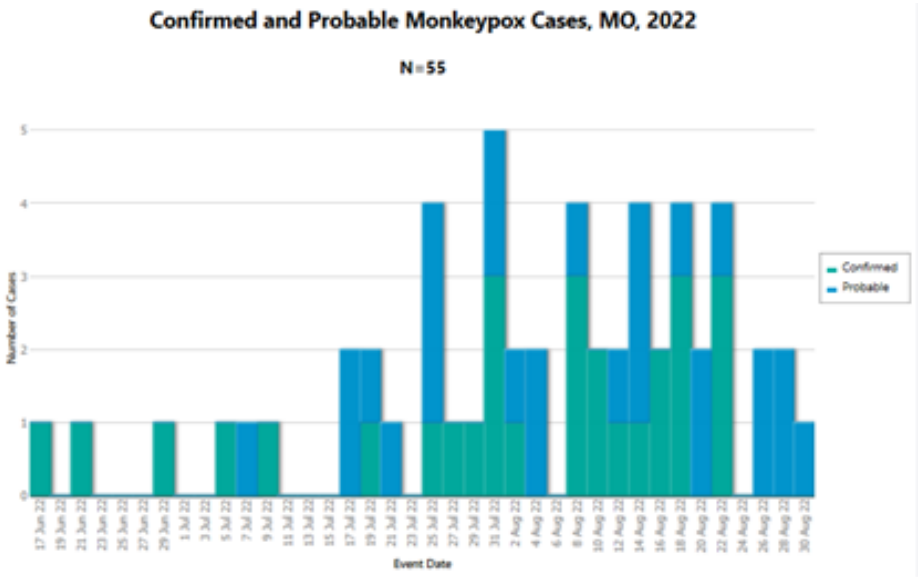
Web: health.mo.gov

FROM: Paula F. Nickelson, Acting Director

SUBJECT: Update for Clinicians on Missouri Monkeypox Vaccination Plans Outbreak Response Status

Outbreak Response Status

As of September 2, 2022, a total of 55 cases of Monkeypox have been reported in Missouri from 10 different local jurisdictions: 39 (71%) St Louis Metro; 9 (16%) KC Metro; 7 (13%) from 5 other jurisdictions. Fifty-one (93%) of cases report male gender at birth. Median age of cases is 32 years; range (18 – 58) years. No deaths due to Monkeypox have been reported in Missouri or nationally. The latest Epi Curve is provided below.



Since May 2022, the U.S. Centers for Disease Control and Prevention (CDC) has been urging healthcare providers in the United States to be on alert for patients who have rash illnesses consistent with Monkeypox. The public health response to Monkeypox depends on timely and comprehensive laboratory **testing** and reporting of those results. **Vaccination** is an important tool in preventing the spread and of Monkeypox as well. The sooner an exposed person gets the vaccine, the better. CDC recommends that the vaccine be given within 4 days from the date of exposure in order to prevent onset of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease. Currently there is no **treatment** approved specifically for Monkeypox virus infections. However, antivirals such as Tecovirimat (also known as TPOXX), developed for use in patients with smallpox may prove beneficial.

Missouri Department of Health and Senior Services (DHSS) is working with Local Public Health Agencies (LPHAs) and numerous clinical partners statewide in response to the national Monkeypox outbreak in Missouri.

Below is further information on Monkeypox testing, vaccine, and treatment.

Any medical provider's request for testing by the State Public Health Laboratory, vaccine, or antiviral, may be initiated by contacting their local public health agency or the DHSS Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7).

Testing

- On July 29, DHSS distributed a CDC Health Update for clinicians about commercial testing, collecting clinical specimens for testing, and using the antiviral drug Tecovirimat (TPOXX) for treating Monkeypox.
- Commercial labs: The PCR tests for Monkeypox/orthopoxvirus are now available at five commercial laboratories -- Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, Aegis Sciences, and Sonic Healthcare USA. Four of these commercial labs are performing the CDC non-variola orthopoxvirus test, while Quest is running a Monkeypox lab developed test (LDT) that adds another available 30,000 tests per week.
    - There are additional LDTs in commercial use, and those results should be interpreted with caution in the context of the epidemiological and clinical data
    - **The submission of specimens to the commercial laboratories does not require pre-approval from public health.**
    - Healthcare providers can order the orthopoxvirus test from these commercial laboratories just as they normally would order other tests.
    - The American Medical Association (AMA) created new Current Procedural Terminology (CPT) codes that streamline the reporting of orthopoxvirus and monkeypox testing and immunizations currently available on the United States market. Refer to the AMA orthopoxvirus and Monkeypox coding & guidance page and the *CPT Assistant guide* for more detailed information.
- State Public Health Lab: Testing is also available through the Missouri State Public Health Laboratory (SPHL).
    - To request testing by SPHL for Monkeypox/orthopox, Missouri healthcare providers can contact their local public health agency or the Missouri DHSS Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7). A member of the DHSS team will need to conduct a basic screening (screening no longer includes photos) prior to submission of the specimen to the SPHL.

Vaccine

- The U.S. Department of Health and Human Services (HHS) purchases and is currently the only source of JYNNEOS vaccine. The HHS in collaboration with CDC determines how much JYNNEOS vaccine each state will receive.
- Vaccine eligibility criteria: DHSS is working with LPHAs to provide JYNNEOS vaccine in accordance with the national strategy. In accordance with the national strategy as described at CDC website, Missouri's allotment of JYNNEOS vaccine is only available for use in Missouri to individuals who meet the following criteria:

- **Post-Exposure Prophylaxis (PEP)**: People who are known contacts to someone with Monkeypox (laboratory confirmed cases of orthopox/Monkeypox virus) who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment. The CDC guidance for determining degree of exposure is available in the CDC document "Monitoring People Who Have Been Exposed"; **OR**
- **Post-Exposure** Prophylaxis **(PEP) ++: Any of the following:**
  - People who are known contacts to someone with Monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment.
  - People who are aware that a recent sex partner within the past 14 days was diagnosed with Monkeypox (but they may not know or be able to provide the individual's name).
  - Certain gay, bisexual, or other men who have sex with men, or transgender and gender diverse people who have sex with men, who have had any of the following within the past 14 days: sex with multiple partners (or group sex); sex at a commercial sex venue; or sex in association with an event, venue, or defined geographic area where Monkeypox transmission is occurring**; AND**
- **Date of Last Exposure:** The vaccine can be administered within 14 days past the last date of exposure. In addition, the individual has not developed symptoms of Monkeypox.
  - If initiated between 4 and 14 days following the date of exposure, vaccination might be less effective. Benefits might still outweigh risks when administering vaccine more than 14 days after exposure in some clinical situations (e.g., for a severely immunosuppressed person with a recent sex partner confirmed to have monkeypox).

- PrEP: In accordance with the current national strategy, vaccine is **not** currently recommended or available for **Pre-Exposure Prophylaxis (PrEP)** in most instances, which includes, but is not limited to, clinicians and healthcare providers in the U.S., or other individuals who do not meet the PEP or PEP++ criteria.
  - At this time, most clinicians in the United States are not advised to receive orthopoxvirus PrEP. People who may be considered for PrEP if they want to receive it include healthcare personnel who anticipate caring for many patients with Monkeypox. Healthcare workers with exposures should be evaluated for PEP, determining degree of exposure in accordance with the CDC document "Monitoring People Who Have Been Exposed".
- Additional recommendations regarding vaccination strategies are available on CDC websites at https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/overview.html.
- Intradermal Administration: On August 9, 2022, the U.S. Food and Drug Administration (FDA) announced an emergency use authorization (or EUA) for JYNNEOS vaccine to allow healthcare providers to use the vaccine by intradermal injection for people ages 18 years and older who are determined to be at high risk for Monkeypox infection.
  - This action enables providers to receive up to five times the number of doses out of a single vial.
  - Also on August 9, 2022, CDC published Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Monkeypox Outbreak. This CDC guidance includes information for clinicians about use of the alternative (intradermal) dosing regimen as well as the standard (subcutaneous) regimen for JYNNEOS vaccine.

- Vaccine Hubs for Distribution: DHSS has partnered to establish 5 LPHA hubs for forward placement of vaccine in several regions of the state to minimize barriers to access to treatment. CDC has requested states have no more than 5 locations where vaccine is initially shipped.
  - DHSS has placed vaccine at hubs proportional to criteria used by federal government in allocating vaccine to assure equitable distribution to disproportionately affected groups.
  - The participating LPHA regional vaccine hubs include: Butler County Health Department, Columbia/Boone County Health Department, Kansas City Health Department; St Louis County Health Department, and the Springfield-Greene County Health Department.
  - Any PEP needed for close contacts that are identified is approved by DHSS, and transfer of vaccine is coordinated between the LPHA and a nearby Monkeypox vaccine LPHA hub partner.
- DHSS is also working with the 5 LPHA hubs to encourage partnerships with local/regional clinics and organizations to vaccinate eligible individuals proactively.
  - The hubs submit PEP++ vaccination clinic plans for DHSS to have awareness of plans, processes, and partners; provide feedback; and ultimately approve the release/allocation of vaccine for that purpose.
  - In addition, use of the state online screening forms is needed to document that vaccine is being administered to individuals that meet the CDC qualifying criteria.
  - These steps are used to verify proper, equitable vaccine use.

Treatment

- Currently there is no treatment approved specifically for Monkeypox virus infections. However, the antiviral drug Tecovirimat (also known as TPOXX) was developed to fight smallpox but the FDA allows CDC to use it to treat Monkeypox during an outbreak.
- DHSS distributed a CDC Health Update on July 29 for clinicians about commercial testing, collecting clinical specimens for testing, and using the antiviral drug Tecovirimat (TPOXX) for treating Monkeypox.
- Antiviral drugs used to treat smallpox and Monkeypox require a prescription and must be released from the U.S. Strategic National Stockpile at the request of the state health department per current CDC guidance.
- DHSS has worked with LPHA hubs to forward place TPOXX with strategic LPHAs and clinics for ease of access by treating physicians for their patients.
- **Clinicians and care facility pharmacists requesting TPOXX need to contact DHSS.**
  - **Earlier requirements to photograph lesions, collect specimens, and ship them to CDC are now optional.** DHSS will not typically request such additional steps before connecting clinicians or care facility pharmacists with TPOXX forward placement sites.
- For more information, see CDC's Monkeypox treatment page. Healthcare providers may also want to consult CDC's guidance for TPOXX and revised instructions on how to obtain TPOXX.